

Kansas Department of Health and Environment Template for Local Health Departments for a Bioterrorism Preparedness and Response Implementation Plan

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Foreword

The KDHE Bureau of Epidemiology and Disease Prevention is pleased to release this Template for Local Health Department Bioterrorism Preparedness and Response Plan (template plan) as a tool for local health departments for preparedness planning. Because there are 99 separate public health jurisdiction in Kansas, and due to the historical, political and geographical contingencies that influence emergency response at the local level, a “cook book” local plan written by KDHE would not adequately address many of the needs of local public health. Instead, KDHE has designed this template as a *guidance tool* for local jurisdictions to identify crucial elements when developing their own plans. Using this template, local health departments are expected to produce an implementation plan to complement the Kansas Public Health Bioterrorism Preparedness and Response Overview Plan (subsequently referred to as the “State Plan”). Where applicable, references to the State Plan have been included in this document. Local Health Departments are encouraged to copy and insert elements from the State Plan that they feel apply to their local plans. However in many instances, in depth analysis and research will need to be carried out by local officials to complete their plan in a manner that outlines the details necessary for preparedness and response operations at the local level.

If a bioterrorist event occurs in Kansas, it will unfold at the local level, and local public health officials will have a primary role for the appropriate public health response in their communities. Although state and federal aid as well as other agency expertise will eventually become available, initially the responsibility to identify and respond to covert bioterrorism, as well as to protect the health of their communities, falls upon local public health agencies. Public health plays a role that law enforcement and medical providers are not necessarily equipped or have the expertise to perform. For this reason, it is essential to have local plans available that outline an appropriate public health response specific for each community.

An effective local bioterrorism preparedness and response plan should assist local public health officials and their partners in identifying their public health and safety roles when responding to bioterrorism. Although local plans may focus on the role of public health, it is important to note that the public health response to a bioterrorist event is part of a larger response that will involve the health care community, law enforcement, and emergency management authorities at the local, state, and federal levels. Therefore, an effective plan should be created to help local public health agencies coordinate their activities with this larger response. These issues should be addressed in local emergency operations plans prepared by local emergency management agencies. *It is expected that a first version of the plan should be completed by June, 2002. The finished plan should be completed by September, 2002.*

Copies of this template, the state plan, and the local plan can be shared with all local agencies involved in preparedness and response activities for a bioterrorism public health emergency. However, the template and the plans should be considered sensitive documents and should not be made public or disseminated beyond those who need to have them because of their institutional role.

Plan Approval

I, *<name>*, certify that this plan has been reviewed and approved by me, in my capacity of *<title>* in _____ County. This plan has been discussed with and endorsed by all local public and private entities that are involved in preparedness and response activities for a bioterrorism-related public health emergency.

Chapter 1 - Operation Overview

1. BACKGROUND (Reference State Plan Chapter 1.1)

In today's environment, there is a real threat of the terroristic use of biological agents. An appropriate local public health response can diminish the threat of bioterrorism if the public health infrastructure is strong and staff of this health department are trained properly. To facilitate the rapid identification of a bioterrorist attack health care providers and public health personnel should have basic epidemiological skills and knowledge of what to expect if a bioterrorism event were to occur.

Hospital capacity is an issue that deserves great attention during bioterrorism response planning. As of 2001, _____ acute care community hospital (s) were located in _____ County. There are _____ beds, of which _____ are fully staffed with approximately ____% of these beds available to new patients on a daily basis. This allows for an average reserve capacity of about _____ inpatients on any given day for this County.

This bioterrorism preparedness and response plan is based on the *Local Health Department Bioterrorism Preparedness and Response Template* which was produced by KDHE. The use of the KDHE template ensures that the issue of bioterrorism is addressed at the local level and this plan is consistent with all other counties in Kansas.

2. ASSUMPTIONS (Reference State Plan Chapter 1.2)

- i. _____ County is subject to a naturally occurring infectious disease emergency or a covert terrorist attack (BT event).
- ii. The response to an occurrence of a biological incident/terrorism event is dependent on the credibility, scope, and nature of the incident.
- iii. _____ Local Health Department has been assigned the responsibility of protecting the health of the citizens of its jurisdiction.
- iv. The staff of the _____ Local Health Department must be trained, on a regular basis, to be properly prepared to respond to a bioterrorism event.
- v. A bioterrorist incident is a multi-disciplinary, multi-jurisdictional event that will require broad interagency planning and response approaches as well as cooperative partnerships between the federal, state, and local governments.
_____ County has signed formal mutual assistance agreements

with the following neighboring counties: *<Insert list if applicable>*. Copy of the agreements can be found in Appendix _____.

- vi. Once a large scale epidemic has moved beyond local and state levels, coordinated federal assistance will be needed to control the disease that is moving through the population. Coordination and public health response at this scale will require the full resources and attention of the U.S. Government. Although the federal government is in a unique position to coordinate an effective emergency response to a bioterrorist attack or other wide scale disease outbreak, this can not be done without local and state cooperation and partnership. Response on the scale needed requires continuous communication and coordination across large regions of the country with a wide array of emergency service, medical, law enforcement, and national security organizations. Only through full collaborations between all levels of government will a successful response be executed.

3. **OUTBREAK CONTROL - GENERAL PRINCIPLES (Reference State Plan Chapter 1.3)**

_____ Local Health Department must be vigilant in its role as a first responder to naturally or provoked outbreaks of infectious diseases. These diseases are almost always identified after public and private health care providers at the local level have diagnosed a significant number of cases to attract the attention of the public health surveillance system at the local, state, or federal level. Likewise, an unannounced act of bioterrorism will be detected only after a significant number of symptomatic cases have been identified at the local level. Initially, there may be little or no public information about the disease outbreak or the release of a biological agent. Once an outbreak of an infectious disease has been discovered and made public, there will be a need for professional and articulate public information from a credible medical or public health source. The size of the affected area and the speed by which the disease is spread will directly correlate with media interest and involvement. Similarly, the overt release of a biological agent affecting the public or its water and food supply will cause an immediate need for credible public health information. The affected area may eventually include one local community, several communities, unincorporated areas of the state, other states, neighboring countries, or multiple countries around the world (such as in the case of a contagious disease like smallpox).

4. **AUTHORITY (Reference State Plan Chapter 1.4)**

The authority to deal with bioterrorism preparedness and response is primarily with law enforcement and emergency management agencies. At the local level, the _____ County Emergency Management Agency (supported by the Kansas Division of Emergency Management) is the organizing focus for emergency response, including bioterrorism response. The _____ Local Health Department will have a key role in these operations.

_____ County is required to have a local emergency operation plan submitted to the Commission on Emergency Planning and Response. Planning standards used by _____ County are supplied by the Kansas Department of Emergency Management (KDEM) per K.A.R. 56-2-1. KDHE reviews the public health section of these standards for completeness concerning communicable diseases. *A copy of the _____ County emergency operation plan is attached to this document.*

For the purpose of preparedness and response to bioterrorism incidents, _____ Local Health Department has a key role and legal responsibility for disease reporting, disease investigation, and imposition of isolation and quarantine measures.

K.A.R. 28-1-5 states that "when conditions of isolation and quarantine are not otherwise specified by regulation, the local health officer or the secretary of health and environment shall order and enforce isolation and quarantine of persons afflicted with or exposed to infectious or contagious disease." That same regulation states that "isolation or quarantine shall be ordered in conjunction with investigation of infectious or contagious disease cases and outbreaks for the examination of persons reasonably suspected of having these diseases, and to obtain specimens from these persons for laboratory evidence suggestive of infectious or contagious disease." K.S.A. 65-126 gives the Secretary of the Kansas Department of Health and Environment authority to "quarantine any area in which any of these diseases may show a tendency to become epidemic" and implies that the same power is given to the local health officer. K.S.A. 65-129 reinforces the authority of the _____ Local Health Officer to establish a quarantine by making any person "who leaves any isolation area of a hospital or other quarantined area without the consent of the local health officer having jurisdiction, or who evades or breaks quarantine or knowingly conceals a case of infectious or contagious disease" guilty of a class C misdemeanor.

_____ County Public Health Agency has legal authority to receive disease reports or laboratory test results from physicians and laboratory directors in an appropriate and timely manner. The Kansas disease reporting regulations (see Appendix E in State Plan) were amended in 2000 to include the reporting of potential bioterrorist agents and suspected bioterrorist events. K.S.A. 65-118 and K.A.R. 28-1-2 specifies emergency reporting for all potential BT agents or events as well as other selected infections to the State Epidemiologist. Hospitals and clinical laboratories are specifically required to report these diseases per K.A.R. 28-1-4 and K.A.R. 28-1-18.

Local laws and regulations of _____ County that are pertinent to bioterrorism or infectious disease control are as follows: _____. Copies are attached.

Chapter 2 - Preparedness

1. INTRODUCTION (Reference State Plan Chapter 2.1)

Combating biological terrorism will require capitalizing on advances in technology, information systems, and medical sciences. Preparedness will require a re-examination of core public health activities (e.g., disease surveillance) in light of these advances. Preparedness efforts by the _____ Local Health Department and primary health-care providers to detect and respond to biological terrorism will have the added benefit of strengthening the capacity for identifying and controlling other illnesses, injuries, and emerging infectious diseases. In addition, preparedness requires a close coordination with government and private entities that in some cases may not be traditional partners of public health agencies.

2. ASSUMPTIONS (Reference State Plan Chapter 2.2)

- i. A covert bioterrorist attack or other infectious disease emergency would go undetected during the incubation period of the disease agent. The situation will probably first be detected by an increase of common medical symptoms as seen by private health care providers and hospitals. Even then, especially in the event of a minor attack, the realization that a problem exists may not happen until surveillance methods at the local or state level detect an abnormally high incidence of the disease or symptoms over several jurisdictions.
- ii. The assistance of state and federal agencies will be needed to promptly identify clusters of disease and organize a timely response.
- iii. To effectively prepare and respond to a bioterrorism incident, _____ Local Health Department must attain a minimum standard of performance for surveillance and communications, as outlined in the State Plan.

3. PREPAREDNESS ACTIVITIES (Reference State Plan Chapter 2.3)

Appendix A (reference appendix L in State Plan) contains summary and detailed lists describing the activities that have been identified for preparedness purposes for _____ Local Health Department and _____ local hospitals in _____ County. This appendix is the base for the discussion in the remaining sections of this document. Readers are encouraged to refer throughout this document to the lists contained in appendix A.

4. OPERATIONS (Reference State Plan Chapter 2.4)

a. Vulnerability Assessment (Reference State Plan Chapter 2.4.a.)

The federal Office of Justice Programs asked all local jurisdictions in 1999 to participate in a vulnerability profile as part of the national Domestic Preparedness Equipment Support Program, a federally funded initiative to supply local emergency responders with needed equipment. This was meant as a planning device to determine the most likely scenario that could occur locally, to identify the most likely persons/groups that might launch a bioterrorism or chemical event, and to identify local facilities that, if targeted, would overwhelm the local jurisdiction's ability to respond.

_____ Local Health Department completed and submitted the public health section of this assessment to KDHE in (Month, Year) _____. The public health section of this vulnerability assessment was meant to assess the _____ Local Health Department's ability to detect and respond to a bioterrorism event. A copy of the latest completed Public Health Performance Assessment is found in Appendix _____. It will be reviewed every _____ year(s) and used as a checklist to ensure _____ Local Health Department remains prepared.

b. Interagency collaboration (Reference State Plan Chapter 2.4.b.)

The _____ Local Health Department must maintain very close coordination and communication with certain agencies and institutions in order to carry out its functions should a bioterrorism event occur. In order to do this appropriately, a special Task Force is to be appointed by the administrator of _____ County Emergency Management. _____ Health Department will participate in this task force that will meet on a regular basis to determine how to best respond to a bioterrorism event.

c. Surveillance (Reference State Plan Chapter 2.4.c.)

Surveillance will allow early detection of excessive or unexpected cases of disease, or increase in use of services. Surveillance activities require the assistance of private physician offices, schools, nursing homes, industry settings, ambulances, pharmacies, and hospitals. Should a bioterrorism event occur, these entities along with other agencies will assist the health department carry out its response activities.

Surveillance in _____ County is primarily based on a passive reporting system. Health care providers, laboratories, hospitals, school health nurses, and other entities send reports to the health department based on state laws and regulations as mentioned in Chapter 1.4.

Syndromic Surveillance represents a way to implement this type of early detection of a BT event. Syndromic Surveillance is based on pre-defined symptoms or syndromes (i.e., a group of symptoms) reported by pre-identified sentinel locations throughout the state. Syndromic surveillance presents numerous challenges, such as recruitment of sites willing to participate, resource-intensive processes, and need for a very timely reporting and analysis system.

The following providers and health care facilities have been contacted and have agreed to provide surveillance information for syndromic surveillance and sentinel surveillance, if such a system needs to be activated in _____ County:

< list sites >.

These sites will be actively contacted by the _____ Local Health Department, if such special surveillance activities need to be implemented in _____ County.

The primary tool used in _____ County to provide reports of disease events to KDHE is <specify>: _____

a) HAWK: name of _____ County HAWK coordinator: _____

b) Prompt transmission of information by fax, mail, or telephone: name of _____ County surveillance coordinator: _____

d. Communications and the Health Alert Network (Reference State Plan Chapter 2.4.d.)

The Health Alert Network is being implemented in Kansas under the responsibility of the KDHE Bureau of Epidemiology and Disease Prevention. _____ Local Health Department currently has the following Internet connection capability:

Always-on connections Y N

If yes, name of the service provider: _____

Type of connection (e.g., Cable, DSL, T1, DISC, etc.) _____

Dial-Up connection Y N

If yes, name of the service provider: _____

Number of employees with access to Internet and E-mail accounts: _____

For the HAN to be fully effective an emergency contact data base will be maintained by the _____ Local Health Department. The information in this data base will be will be shared with KDHE, will be continuously updated, and its accuracy will be verified every _____ months. This data base will contain emergency contact information from _____ County , including phone, fax, mailing address, and e-mail for:

* local health department

* hospital

* emergency services

* law enforcement

* providers and facilities enrolled for syndromic and active surveillance

A copy of the current information is found in Attachment ____.

e. Epidemiologic Preparedness (Reference State Plan Chapter 2.4.e.)

Epidemiologic protocols, tools and resources will be available in _____ Local Health Department.

- i. Protocols: Standard Operating Procedure for investigating and dealing with a BT-related diseases prepared by KDHE, ESS. These disease-specific protocols are kept under the responsibility of <name> _____.
- ii. Staff resources for epidemiologic investigation: *[describe applicable local resources]*
- iii. Other local protocols or resources, if any <describe> _____

f. Health Care Preparedness in _____ County (Reference State Plan Chapter 2.4.f.)

i. Healthcare Providers

Healthcare providers in _____ County should be alert to illness patterns and diagnostic clues that might signal an unusual infectious disease outbreak due to the intentional release of a biological agent and should report these concerns immediately to their Local Health Department. Physicians in _____ County will be informed about how to report any unusual occurrence of disease they observe in the following way:

<Describe>

ii. Clinics and Hospitals

Clinics and Hospitals should maintain updated disaster operation plans. In particular, the following facilities will be periodically contacted by the _____ Local Health Department to review the disaster response plan:

<list facilities>

It is recommended that the plans contain all the specific information listed in the State Plan.

iii. Mortuary Issues

The _____ County Coroner's Office, working in close coordination with the medical community, other government agencies, and the private sector, is in charge to respond to and recover from instances in which large numbers of fatalities occur. The local coroner's office will serve as the lead agency for disposition of large numbers of deceased individuals. It is the coroner's responsibility to develop standard operating procedures for such incidents, including contingency plans for the handling, tracking, and temporary storage of a large number of potentially contaminated corpses.

Contingency plans have been developed for _____ County by <name/institution> _____ and can be found in Attachment ____.

iv. General disaster planning issues

* Plans to ensure the ability to increase hospital security in ____ County, especially in patient care areas and at all entrances, have been reviewed with <name/institution> _____ .

* Plans to ensure that mental health resources are available to meet needs of hospital staff, patients, and families have been reviewed with <name/institution> _____ .

* Plans to ensure communication capacity with sufficient two-way or 800-megahertz radios and cell-phones, in the event that land line communications are down, have been reviewed with <name/institution> _____ .

* Plans to ensure a system to track patients and their personal belongings have been reviewed with <name/institution> _____ .

* Plans to ensure the capacity to accurately track costs for reimbursement by federal disaster funding, if available, have been reviewed with <name/institution> _____ .

* Regular drills to maintain awareness of roles and responsibilities for infectious disease disasters are an essential components of this preparedness and response plan. These drills can be organized in conjunction with other neighboring counties. Drills will be conducted every _____ months with the following local and state partners:

<list>

The health care community in _____ County has an important role in preparing for bioterrorism or infectious disease emergencies. *[Include other specific recommendations for the local health care community as Referenced in the State Plan Chapter 2.4.f.]*

g. Laboratory Capacity (Reference State Plan Chapter 2.4.g.)

Laboratory diagnosis will be a critical step in the timely control of a BT event. The Kansas Department of Health and Environment Laboratory (KDHEL) will be responsible for providing diagnostic expertise and specimen handling to support the _____ Local Health Department in disease investigations. To be prepared for such responsibilities, the _____ Local Health Department will maintain appropriate contacts at the KDHEL. Information on testing and procedures can be obtained by calling KDHEL at (785) 296-1620 or online at www.kdhe.state.ks.us/labs. The Kansas Division of Health and Environmental Laboratories is equipped with a Bio-Safety Level 3 laboratory. This allows them to deal with nearly any clinical specimen that could be sent to them, however they are not equipped to deal with samples which have radiological, chemical, or explosive properties. During a BT event, specimen packaging and transport must be coordinated with the state health department, local law enforcement, and the FBI, which will maintain a chain of custody of specimens from the time of collection as well as ensure that the samples sent to KDHEL do not contain any radiological, chemical, or explosive properties. Results of the testing will be promptly shared with the _____ Local Health Department. These

local labs <name any relevant local labs> also have the capacity to do testing for <the following agents or environmental samples:...>.

h. Pharmaceutical and Medical Supplies (Reference State Plan Chapter 2.4.h.)

Pharmacists play a vital role in planning for and respond to BT. They can provide up-to-date information on antimicrobial agents and vaccines, including availability, location, storage requirements, dosages, adverse effects, and administration routes. Calculating exactly what quantities of supplies will be needed for the management of casualties of a BT disaster is challenging, and pharmacists can assist with that task. Purchasing mass quantities of antidotes is expensive, and pharmacists can help coordinate efforts to pool resources and share critical information. Part of a hospital disaster plan should include sending an extra pharmacist to the emergency department.

The _____ Local Health Department is working with the following local hospitals and pharmacists to assess available local pharmaceutical inventories and stockpiles: *[list the local contacts for pharmacists and hospitals and detail the plans you have with them including the mechanism for obtaining large amounts of pharmaceuticals from local suppliers in an emergency situation - if this has not been done see task force recommendations at the end of the next paragraph]*.

It is recommended that _____ County be self-sufficient for at least 24 hours after an incident, since it may take that long to obtain outside assistance. If financially feasible, some limited local stockpiling of certain antidotes, like antimicrobials, may be necessary, particularly to assure initial prophylaxis for first responders and hospital staff. After approximately 24 hours, additional help should be available from the CDC in the form of the National Pharmaceutical Stockpile Program. The _____ Local Health Department will lead a task force to determine the feasibility of local stockpiling as well as encourage local pharmacy and hospital planning. This task force consists of the following members:

<insert task force membership here>

A plan for quickly (i.e., within 4 hours) obtaining large amounts of pharmaceuticals from local, mail-order, or online suppliers in an emergency situation includes contacting the following vendors, who have agreed in writing to respond to emergency requests from _____ County:

<list vendors>

As soon as an identified infectious agent is associated with an act of bioterrorism, and if it is one in which intervention is effective through use of an antibiotic or other medication, the _____ Local Health Department will determine the amount of the antibiotic or medication which is available locally as determined by the task force mentioned above. This information will be shared with the Kansas Department of Health and Environment, so that a rough estimate can be established regarding the amounts of the antibiotic or medication that are available in the affected area.

A national stockpile (the National Pharmaceutical Stockpile Program or NPS) was created by the federal government as a resource for the United States. If the CDC Office of Bioterrorism is

notified during a BT event, the director of the CDC can activate the National Pharmaceutical Stockpile Program. Within approximately 12 hours from the activation, one or more push packages pre-positioned throughout the country can be flown to the affected area. These packages contain antidotes, vaccines, ventilators and other supportive medical supplies. In addition, the Vendor Managed Inventory (VMI) system (part of the NPS program) can deploy pharmaceutical and other medical supplies ordered to meet specific needs within 48 hours.

If this stockpile is needed by _____ County, a request can be made to the KDHE State Epidemiologist who will then request the stockpile from the CDC. The supplies are delivered at pre-identified airports to a designated state representative. Repackaging, transportation, and distribution of these supplies are the responsibility of state and local authorities and are described in the NPS annex to the State Plan (reference appendix K in the State Plan).

The _____ Local Health Department will assign one primary person as a liaison for the local designated drugs and vaccines distribution sites. This person will have a DEA license that allows for the writing of prescriptions or standing orders. There will also be a secondary person, with the same qualifications, that can serve in the event that the primary person is unavailable. These people are:

<Insert names>

The _____ Local Health Department, in conjunction with emergency management, will be responsible for taking control of the assets of the NPS that will be transferred to this jurisdiction. The person who takes control of the NPS assets is *[list the title of that person-recommended options for the person to take control are the Administrator or the Medical Officer for the Health Department]*. In addition to assigning the responsibility of accepting NPS assets, this jurisdiction has located a secure facility to store those assets *[list that location - feasible options could include schools, warehouses, or national guard armories]*.

i. Exercises, Education and Distance Learning (Reference State Plan Chapter 2.4.i.)

In their initial orientation, all new staff at _____ Local Health Department will be introduced to the role of the department during a bioterrorism event. This will include information about the critical role that public health plays, the response authority and responsibility of the department, information about key biological agents used in bioterrorism, and an introduction to the chain of command system in place in the health department.

_____ Local Health Department is committed to training its staff about bioterrorism and other applicable tools (such as epidemiology) on a regular basis. There will be at least one learning opportunity per year provided to staff about bioterrorism. Additional opportunities will be offered to staff as on-line courses are developed. *[OPTIONAL; In addition, at least _____ person(s) will be assigned the task of completing the course on the principles of or the advanced course on epidemiology sponsored by the CDC.]*

The _____ Local Health Department will strive to achieve the performance standards that have been established by Kansas Association of Public Health Departments (KALHD) and those recommended by other reputable national institutions, such as the CDC and the Center for Public Health Policy at the Columbia University School of Nursing. Specific standards have been

developed for public health professionals, public health leaders/administrators, and public health clerical and technical support staff. These standards will be used to update and revise job descriptions, as an outline to orient and train staff, and to help in staff self assessment.

Health care professionals outside public health will be critical in assisting with the detection of and response to bioterrorism events. Therefore a concerted effort will be made to inform these persons about the role, authority and level of preparedness of the _____ Local Health Department, and the role they can play to assist the health department in the response effort should a bioterrorism event occur.

[OPTIONAL] The _____ Local Health Department has had an influx of many immigrants in the last few years who can present significant barriers to communication. The most common non-English speaking languages spoken in this county include the following: <List languages>. Efforts will be made to have information sheets about bioterrorism agents translated into the languages listed above.

The development of emergency plans and the organization of resources does little good if exercises are not conducted to practice how to use those assets. The necessity of specific expertise on diseases associated with bioterrorism requires that public health professionals become more involved in the participation and development of these training and exercise programs. The _____ Local Health Department will sponsor and attend training exercises on bioterrorism in conjunction with the _____ County emergency management office and other key local agencies (including, when available, State agencies such as KDHE) at least one time per year.

j. Criteria to Cease Non-Critical Services

The _____ Local Health Department will consider focusing its entire resources on managing a bioterrorism attack should it occur. That decision will be made by the Health Director, after consultation with the Board of Health or County Board, the local Emergency Services Coordinator, and the KDHE. Once the decision is made, the resources of the department will be focused entirely upon the investigation and response to the bioterrorism event. The only other services that will continue functioning are < list services >

k. Chain of Command

The attached list in Appendix [Identify in an appropriate Appendix] identifies in priority order persons in _____ county from the Local Health Department, the local law enforcement agencies, and the local Emergency Management agency who are responsible for decision making in responding to a bioterrorism emergency. Should the Director/Administrator of the _____ Local Health Department be unavailable, the next person on the list, in priority order, will be the person in charge until the Director/Administrator returns.

l. Safety of Employees

The employees of the _____ Local Health Department may be asked to perform

duties under severe, dangerous, and frightening circumstances. Their activities will affect the level of morbidity and mortality that results from a bioterrorism event. Therefore, their safety will be of great importance for the success of the response to a bioterrorism event. All employees will be taught, at orientation and at follow up in-service sessions, appropriate precautions to limit the likelihood to become infected during such activities. The health department will have sufficient personal protection equipment for the staff, in particular non-latex gloves and tuberculosis (N95) masks. When the situation warrants the use of these masks, they will be distributed to all staff that are at risk of having contact with infected individuals. If necessary, the health department will prioritize staff and their families to receive vaccines and antibiotics as soon as they are made available, and will limit staff's exposure to infections as much as possible. Guidelines should be in place for employees of the _____ Local Health Department for isolation precautions, patient placement, patient transport, cleaning/disinfection of equipment, discharge management, and post mortem care. More detailed information can be found at the following web sites:

Guideline for Isolation Precautions: www.cdc.gov/ncidod/

CDC Bioterrorism Facility Plan: www.bt.cdc.gov/planning

APIC Facility Plan: www.apic.org/bioterror/

m. Work Overtime and Reimbursement Procedures

All _____ Local Health Department employees are expected to work additional hours, when requested by their supervisor, during an emergency that affects the health of the community. The _____ Local Health Department has contingency plans to compensate employees for overtime work related to a BT event.

Chapter 3 - Detection and Response

1. ASSUMPTIONS (Reference State Plan Chapter 3.1)

See State Plan for details.

2. RESPONSE ACTIVITIES

Appendix B (reference appendix M in the State Plan) contains summary and detailed lists describing the activities that have been identified for response purposes for the _____ Local Health Department and the _____ county hospitals. This appendix is the base for the discussion in the remaining sections of this document. Readers are encouraged to refer throughout this document to the lists contained in appendix B.

3. OPERATIONS (Reference State Plan Chapter 3.3.)

a. Event Detection and Confirmation (Reference State Plan Chapter 3.3.a.)

Because of the scope and magnitude of possible consequences to the public, a BT event must be determined to be credible before an official investigation or announcement is made. The process of confirmation of a BT event needs to start at the local level, as a joint effort of local law enforcement and public health officials. The state Threat Assessment Team (TAT) established by KDEM can also assist in this process and should be immediately notified any time a local threat assessment cannot rule out the presence of a credible threat. The state TAT consists of the State Epidemiologist, law enforcement, emergency management, and other experts (reference appendix B in the state plan for a complete list of TAT member agencies).

i. Threat Assessment Team and the Overt (Announced) BT Event

In the event of an announced or detected attack, the TAT will convene (either in person or by other means of communication) and assess the authenticity of the threat based on the FBI and local law enforcement's assessment of the situation in context with the credibility of the alleged perpetrator and the nature of the biological agent. The role of the State Epidemiologist will be to assess the nature of the alleged BT agent and advise the TAT accordingly. The FBI, KDHE laboratory, and other TAT members will be involved in investigating, transporting, and testing of specimens only when there is a credible and significant threat of BT (for example an opened "suspicious" package or letter that contains a powdery substance, or a package or letter that contains written information stating or implying anthrax contents or an intent to harm the recipient). *If the local law enforcement agency*

determines that the threat is definitely not credible, the FBI will not be involved in the investigation or take possession of any package or material involved, and the TAT will not convene. Therefore, the local law enforcement agency will be the first level of screening the credibility of an announced bioterrorism event. Specific handling guidelines for mail or packages suspected to contain biological agents are outlined in appendix J of the State Plan.

ii. Threat Assessment Team and the Covert (Unannounced) BT event

After an unannounced release of a biological agent into the community, suspicion will most likely be aroused by the reporting of unusual clusters of communicable diseases or syndromes, or by a presumptive clinical or laboratory diagnosis of a high threat agent.

If health care providers encounter patients with symptoms compatible with a BT agent they should immediately notify local and state public health officials so they can begin an epidemiologic investigation. If KDHE has reason to believe that BT may be involved, emergency management and law enforcement agencies will be notified and the Threat Assessment Team will convene. Emergency communications to local public health departments will also commence as describe in section B of this chapter.

b. Communication Procedures (Reference State Plan Chapter 3.3.b)

i. Overt (announced) Scenario

In the event of an overt BT event or credible threat, the _____ Local Health Department should be notified by the initial local first responders. The _____ Local Health Department should then notify KDHE. Assuming the chain of command has been followed, the FBI, KDEM, Kansas Highway patrol and other appropriate state and federal agencies may already be involved at this stage. Once state officials have been notified, the next step will be to assemble the TAT to determine the level of response.

Kansas is working on a project aimed at providing the functional needs of a statewide alert and notification system between local and state agencies, as described in the State Plan at Chapter 2.4.c.ii. This system will take advantage of the HAN infrastructure to collect preliminary, timely information from counties on events of public health importance (such as outbreaks or possible BT attacks), and share this information between participating local health departments and KDHE.

ii. Covert (Unannounced) Scenario:

In the most likely scenario, the initial identification and response to an infectious disease emergency will begin at the local level. If the surveillance mechanisms in place suggest that a covert BT event or infectious disease emergency may be occurring in _____ County, the first step will be to immediately notify KDHE at 1-877-427-7317. KDHE will then provide any necessary assistance to the _____ Local Health Department as outlined in chapter 3.2 of the State Plan. KDHE will use the Health Alert

Network to disseminate an alert to all appropriate contacts mentioned in chapter 2.4.d of the State Plan. Through this the alert, directions may be given to obtain more specific information or guidance from the HAN website. If necessary, conference calls or satellite teleconferencing can be arranged with KDHE and the CDC. The location(s) of the nearest available satellite download site(s) for _____ County is ... *[insert location(s) here - (Reference State Plan appendix H.)]*.

c. Protection and Safety of First Responders (Reference State Plan Chapter 3.2.c.)

i. Overt Attack

Public Health personnel will likely not be the first responders to an announced BT attack, but they may be among the professionals called for assistance after other first responders have assessed the situation and secured the area. Protection of these responders is of utmost concern in dealing with potentially deadly BT agents. The protocols on personal protection established during the planning stage (see section 2.4.1.) should be carefully adopted by all the respondents on the scene.

ii. Covert BT Attack

In a covert BT attack, the “first responders” may be public health professionals engaged in an infectious disease investigation or health care providers treating sick patients. It is therefore important that health care providers, public health nurses, and epidemiologists follow appropriate precautions when dealing with patients or potentially exposed individuals. If it is determined that exposure to an infected individual has put a worker at risk of infection, a physician should be contacted and appropriate postexposure prophylaxis or treatment should be initiated as soon as possible. The physician designated in _____ county to assess exposure to infectious diseases of workers of the _____ Local Health Department is Dr. _____, telephone _____ - _____.

d. Laboratory Diagnosis and Specimen Submission

Procedures for medical and laboratory diagnosis as well as specimen submission depend on the circumstances of the event.

i. Overt event

First responders to the incident scene will be responsible for securing and packaging suspect samples. If local respondents concur that the threat is clearly not credible, the Threat Assessment Team will not convene and no laboratory test will be performed.

In confirmed or higher level threat cases, the (TAT) will immediately convene to determine what type of response, if any, is necessary. Assuming a credible threat exists, any necessary environmental samples should be obtained by HAZMAT professionals who will then coordinate shipment to the KDHE lab through

the KHP and the FBI. The HAZMAT team responsible to provide services in _____ County is *<name of agency>*, telephone ____-_____. KDHE will also communicate directly with the local health care community for appropriate medical follow-up of all exposed individuals.

ii. Covert event

If there is a suspicion, based on preliminary lab test or medical diagnosis, that a BT attack may have occurred, local laboratories (i.e., level A laboratories) should perform first-level tests to help rule out cases, whenever possible. Level A laboratories in _____ county are the following:

<Insert list>

The local medical or laboratory facilities should submit positive isolates for confirmation to the KDHE laboratory. The KDHE lab will provide shipping instructions to level A laboratories, will assure the integrity of the specimens as criminal evidence, and will involve the FBI for possible confirmation tests.

iii. Specimen Packaging and Shipping

Clinical specimens and isolates are considered infectious substances and must display an infectious substance label. Special packaging is required by the US Postal Service for these kinds of shipments. The KDHE laboratory has a supply of the appropriate mailing kits and will provide them to the _____ Local Health Department for distribution to the level A laboratories in the county, as needed.

e. Command and Control (Reference State Plan Chapter 3.2.e)

Public Health officials have not traditionally been involved with command and control activities during emergency events. However, the scope of operations needed for managing a BT event will likely necessitate public health involvement in the Incident Command System (ICS). The _____ Local Health Department will work closely with county emergency management officials in planning, training and exercises. This will be accomplished by ...*< insert local mechanisms for interfacing with your local emergency management team (reference State Plan chapter 3.2.e for detailed descriptions of the ICS and the Emergency Operations Center)>*.

i. Incident Command System (ICS)

The ICS uses a pre-established, formally organized command structure to coordinate and effectively use available resources. In a covert attack, public health professionals will most likely be the first to realize that a BT event has occurred. Therefore, at least initially, the State Epidemiologist or the local public health administrator will be the most likely candidate for the position of field incident commander if one is needed. However, it is likely that a covert attack will not require a “field” incident command post since there will likely not be a specific event or incident scene. The incident commander is selected on the basis of who has primary authority for overall control of the incident. The IC’s responsibilities are described in details in the State Plan.

Due to the multi- jurisdictional nature of a BT event, a unified command system will most likely be used. Public health's role in a unified command structure may range from incident commander to operations section chief to expert advisor. Public health officials must be prepared for any of these roles and will contribute to the ICS by helping to determine the overall objectives of the response, and joint planning for, and conducting, integrated tactical operations including the utilization of assigned resources.

ii. Emergency Operations Center (EOC)

The Kansas Department of Emergency Management maintains the State Emergency Operations Center (EOC) which is used to coordinate response activities to emergencies and disasters that are beyond the reasonable control of a field command post. The _____ County Emergency Management agency has established its EOC at the following address: _____. The person from the _____ Local Health Department assigned to staff the _____ County EOC is <insert name>.

If the Director of the _____ Local Health Department decides to establish the local base of operations at the _____ Local Health Department, a majority of the available telephone lines will be designated as incoming lines, and staff will be assigned shifts to cover them. Information about the event, with particulars about the suspected agent that was used, will be provided to the staff so answers to all questions will be consistent. At least one line (phone number _____-_____) will be designated as the outgoing line for required communication with outside authorities. At least one other line (phone number _____-_____) will be left as an incoming line for outside local and state authorities. These two numbers will not be made public. One person will be assigned to handle the fax and e-mail communication lines with the task of making sure that the distribution of information is timely and coordinated. If the official base of operations is established elsewhere, (e.g., the county courthouse, the sheriff's office, etc.) then the _____ Local Health Department Administrator will determine how and where communication links with outside agencies and the public will be established as well as who will maintain them.

In case of a public health emergency, the _____ Local Health Department may need to add telephone lines to accommodate a higher volume of calls. The _____ Local Health Department has contacted the local telephone company <insert name of the company> and has received written approval to add <number of lines> phone lines within <number of hours> hours, if necessary.

f. Mass Care Response (Reference State Plan Chapter 3.2.f.)

i. Disaster Response Plan

As soon as a BT event is suspected, the hospital disaster response plans should be activated in the following facilities:

<List facilities>

ii. Source of pharmaceutical products

The protocols for acquisition of pharmaceutical products should be activated, if necessary, as explained in chapter 2.4.h. The person authorized to activate the emergency acquisition of pharmaceutical products is *<Insert name and title>*, phone _____.

iii. National Pharmaceutical Stockpile (NPS)

The NPS can be activated through the state epidemiologist office to provide medications and other medical supplies. Receipt, transport, security, and distribution of medications are the responsibility of state and local officials, as described in this plan in section 2.4.h.

iv. Priority for distribution of medications and vaccines

During a BT event, medications and vaccines may be in short supply. KDHE recommends that medications and vaccines be distributed based on exposure risk, with the ultimate goal of maximizing the control of the spread of the disease. Those individuals that are at higher risk of exposure (e.g. because they were in the vicinity of the BT incident or due to other epidemiologic factors) will receive priority for receiving pharmaceutical products. The groups identified below, when at risk of exposure, should receive high priority:

- (a) Group I - Police, Fire, Hospital Patient Care Personnel, Epidemiologic teams, and critical designated officials. Estimated number of people for _____ County: _____.
- (b) Group II - Key workers in utility, infrastructure, and public health related services (water utilities, solid waste collection, and key employees in the private utility sector – Electric, Gas, and Telephone utilities). Estimated number of people for _____ County: _____.

g. Quarantine/Isolation Procedures (Reference State Plan Chapters 3.2.g and 1.4)

The decision of whether or not to quarantine or isolate individuals will be based on the type of event and the nature of the disease agent as well as several other factors. Depending on the severity of the situation, this decision may be made by the _____ County public health officer or by multiple officials at both the state and local level.

The public health officer in _____ County who has the authority to impose isolation or quarantine restrictions is *<insert name>*. This officer will consult with the following authorities before imposing such measures restrictive of individual freedom:

- KDHE State Epidemiologist

- *<List here local authorities that will be consulted: e.g., mayor, chief of police, sheriff, district attorney, hospital medical director, County Commission Chair, etc. >*

Security and legal enforcement of isolation and quarantine will be the responsibility of *<Insert name of agency>*.

Isolation of sick individuals will be enforced in the following medical facilities:

<Insert list>

<Include other local plans for quarantine or isolation discussions and procedures. >

h. Public Health Response (Reference State Plan Chapter 3.2.h.)

After receiving a report of a suspect or confirmed BT event, staff from the _____ Local Health Department and KDHE epidemiologists will begin an epidemiologic investigation into the incident. The _____ Local Health Department will make available *<insert number>* staff members for the epidemiologic investigation, including case finding, contact investigation, and active surveillance. If necessary and feasible, the _____ Local Health Department will activate the agreements of mutual assistance signed with neighboring counties (see section 2.2.v.). In addition, help may be required from the following private sector resources and voluntary organizations:

<list available organizations here>

Syndromic, sentinel, and active surveillance, as described in chapter 2.4.c., may also be implemented. KDHE will take the lead in recommending these surveillance activities, as appropriate. Data will be analyzed continuously daily for trends and patterns, and any clustering or increase in a particular disease or syndrome will be investigated immediately by local, KDHE, and CDC epidemiologists .

i. Health care providers at the local level (Reference State Plan Chapter 3.2.i)

i. Enhanced Surveillance

Vigilance for unusual clusters or manifestations of disease is critical to the early detection of any new infectious disease outbreak. In responding to a known attack, local practitioners must be willing to exert an extra effort in collecting and sharing this information with local and state public health officials. Specific information and methods to confidentially collect this information include the following:

<insert local methods of communications and types of information exchange with local health care providers (reference state plan chapter 3.2.i)>

ii. Tracking of morbidity and mortality information in hospitals

Predesignated staff from each health care facility in _____ County will be responsible for tracking morbidity and mortality information on a daily basis. Regular communication will be provided to *<Indicate where the information will be sent, e.g. the county emergency operations center>* using the following methods *(Indicate methods, such as telephone, fax, in-person collection or delivery, etc. For*

telephone and fax, include the appropriate phone numbers.> The information to be tracked should include the following:

- Number of new cases diagnosed
- Number of case fatalities
- Number of treatment failures (in the event of unrecognized antibiotic-resistant bacteria)
- Number of patients requiring ventilatory support
- Number of visits to ER

j. Fatality Management

Plans for the management of mass fatalities described in section 2.4.f.iii. Will be activated by the _____ County Coroner.

k. [OPTIONAL] Multi-Lingual Issues

The _____ Local Health Department has had an influx of many immigrants in the last few years which can present significant barriers to communication. The most common non-English speaking languages spoken in this county include the following: *<List languages>*. The school districts have had to deal with non-English speaking students daily, and can identify resources to address communication barriers. The _____ Local Health Department will work with the school district personnel and other community-based organizations in the following list to identify persons who are able to help with translation services as needed:

<List of organizations, such as Department of Social Services, the American Red Cross, the Catholic Social Service Agency, etc.>

Efforts will be made to have news releases and information about the bioterrorism agents translated into those languages listed above. In addition, the _____ Local Health Department will make efforts to procure translators for patients and contact interviews through the organizations listed above or through the following translation services:

<List commercial services identified.>

l. Communications

- i. In the event of a BT event, providers and health care facilities will need to maintain communications with public health officials at both the local and state level. It will also be necessary to provide and rapidly distribute fact sheets and/or health advisories on the medical management of the specific disease to all clinical staff and the public as needed. KDHE and the health alert network (including local health departments) will have primary

responsibility for the dissemination of this information. The _____ Local Health Department will facilitate the dissemination of this information.

- ii. In addition, continuous, reliable information to the public and the media will need to be provided, preferably through a centralized public information office. The _____ county public information officer during a local state of emergency is: *<insert name>*. The KDHE Office of Public Information will be ready to assist or lead, if necessary.